



Nebraska Public Employee's Retirement Systems

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

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FOR NPERS
USE ONLY

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USE ONLY

Office Use Only

Name <small>Last First Middle</small>			Plan Type <small>(Check one)</small>
Social Security Number - -			<input type="checkbox"/> School
Address			<input type="checkbox"/> State
City, State, Zip			<input type="checkbox"/> County
Home Phone			<input type="checkbox"/> Judges
Date of Birth			<input type="checkbox"/> Patrol
Employer			<input type="checkbox"/> Def. Comp.
Beneficiary Designation Form			

This form allows you to designate (or change) your primary or contingent beneficiaries for the Retirement plan noted above. **We must receive the original, notarized form; photocopies will not be accepted.** Benefits will be paid to your survivors exactly as you designate on this form. You may name your estate as your beneficiary. If you name a trust or other legal entity, put the name of both the trust and the trustee on the "Name of Beneficiary" line. **[If you have more than three primary or contingent beneficiaries, please complete additional form(s) and indicate total below.]**

Primary Beneficiary(ies)

Total number of forms: _____

I wish for the following person(s) or entity(ies) to be my Primary Beneficiary(ies). I understand that if I do not fill in a percentage amount (%), all persons designated will share equally in the benefit (the shares of all primary beneficiaries must equal 100%).

<input type="checkbox"/> %	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
<input type="checkbox"/> %	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
<input type="checkbox"/> %	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip

Contingent Beneficiary(ies)

I wish to name the following as my "contingent beneficiaries" (i.e. those who will receive a share of your benefit if all primary beneficiaries pre-decease you or refuse their shares of the benefit). If you have more than one contingent beneficiary, remember to fill out what percentage each beneficiary will receive (the shares of all contingent beneficiaries must equal 100%).

<input type="checkbox"/> %	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
<input type="checkbox"/> %	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
<input type="checkbox"/> %	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip

I hereby certify that the undersigned member, whose identity I have established to my own satisfaction, freely and voluntarily signed this beneficiary designation form in my presence

State of _____ }
County of _____ } Subscribed and sworn before me this _____ day of _____, _____

Notary Public _____ My commission expires: _____

Signature of Member _____ Date _____